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GROTON, CT 06340						(Depositor's name)
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APPLICATION NO.	. FILING DATE	<u> </u>	FIRST NAMED INVENTOR	. A	TTORNEY DOCKET NO	CONFIRMATION NO
10/066,091	02/01/2002		Marshall D. Crew	-	PC23132A	7361
TITLE OF INVENTION: PHARMACEUTICAL COMPOSITIONS OF CHOLESTERYL ESTER TRANSFER PROTEIN INHIBITORS -						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE F	EE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	.20	\$1700	04/12/2007
EXAM	IINER	ART UNIT	CLASS-SUBCLASS]		
FUBARA, BLESSING M 1618		1618	424-488000			
CFR 1 363). Change of corresp Address form PTO/Si	•	inge of Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to			
PTO/SB/47; Rev 03-0 Number is required.	lication (or "Fee Address 32 or more recent) attach	ned. Use of a Customer	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.			
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(A) NAME OF ASSIG			(B) RESIDENCE: (CITY			
Pfizer Inc New York, New York						
Please check the appropriate assignee category or categories (will not be printed on the patent). ☐ Individual X Corporation or other private group entity ☐ Government						
4a. The following fee(s) are submitted. 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)						
X. Missue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card Form PTO-2038 is attached						
Advance Order - # of Copies The Director overpayment,				authorized to charge	the required fee(s), any de $16-1445$ (enclose a	ficiency, or credit any n extra copy of this form).
5. Change in Entity Status (from status indicated above) \[\begin{align*} \text{ \te						
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Authorized Signature						
Typed or printed name <u>James T. Jones</u> Registration No 30,561						
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